

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003245
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

680

FILED JAN 25 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis, Mo.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 3673 Alberta

Length of stay in 1b

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET (If outside, give location)

ADDRESS 3673 Alberta

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Edna Brooke Boyne

4. DATE OF DEATH

Month

Day

Year

Jan. 20, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Dec. 31, 1894 68

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Booker-Peramout Film Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

DeSoto, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Boyne

13b. MOTHER'S MAIDEN NAME

Anna Ruth

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Address

A. Gordon Boyne 3673 Alberta,

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Stroke with myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

241x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4 Nov. 1962 to 20 Jan. 1963 and last saw her alive on 19 Jan. 1963

Death occurred at 1210 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert S. Nye, M.D.

22b. ADDRESS

3201 Arsenal St., St. Louis Mo.

22c. DATE SIGNED

21 Jan 1963 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal motor 1-23-63

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

23d. LOCATION (City, town, or county)

DeSoto, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home 6322 S. Grand St. St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

JAN 22 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2 2/6

3

4 1

5 0

6

7 0

8 2

9

10

11

12 90-0

13

90

see page

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *David Van Borsum*

Licensed Embalmer No. *4242*

P. O. Address *51 Louis Ave.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.